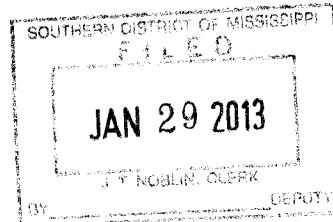


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPISmith 136527 COMPLAINT

(Last Name) (Identification Number)

Torey Cortez  
(First Name) (Middle Name)CMCF 1  
(Institution)Pcbox 88550 Pearl ms. 39288  
(Address)(Enter above the full name of the plaintiff, prisoner, and address  
plaintiff in this action)

V.

CIVIL ACTION NUMBER: 3:13-cv-00062-DPJ-FKB

(to be completed by the Court)

Miss Dept of CorrectionsWexford Health of CorrectionsJarrod Kinkel / officermontre Bisoff Nurse

(Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes ☒ No ☐

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: Officer Pixison, Et al, Defendants.2. Court (if federal court, name the district; if state court, name the county): United States District CourtSd. Mississippi Jackson Division3. Docket Number: 3:13-cv-00062-DPJ-FKB4. Name of judge to whom case was assigned: Michael T. Parker5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Yes I Assume He Said wit prejudice It wasnt Appeal By TimeI've gotten the paperwork It was told I couldn't Appeal

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Torey Cortez Smith Prisoner Number: 136527

Address: P.O. box 88550 Pearl, MS. 39288 cmcf

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Patrick Johnson is employed as

Captain at Miss Dept of Corrections  
cmcf / 720 P.O. box 88550 Pearl MS. 39288

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Torey C. Smith #136527 ADDRESS: P.O. box 88550 Pearl MS 39288

## DEFENDANT(S):

NAME: Miss Dept of Corrections ADDRESS: 723 N. President St Jackson MS. 39208

W/Ext for Health of Corrections P.O. box 88550 Pearl MS. 39288

Jarron Kimbel / Officer P.O. box 88550 Pearl MS. 39288

Montre Bisoff / nurse P.O. box 88550 Pearl MS. 39288

Jasmine Peterson / Officer P.O. box 88550 Pearl MS. 39288

State of Miss

Jane Does

John Does

ET AL.

Joyce Dempsy P.O. box 88550 Pearl MS 39288

Officer Anderson P.O. box 88550 Pearl MS. 39288

Captain Cannon P.O. box 88550 Pearl MS. 39288

Superintendent's James Holman P.O. box 88550 Pearl MS 39288

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes ( ) No (☒)

B. Are you presently incarcerated for a parole or probation violation?

Yes (☒) No ( )

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No ( )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No ( )

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (☒) No ( ), if so, state the results of the procedure: Letter Refused to Shift Considered As Not

For Filled Complaints with Commissioner Epps yet Anything has to date

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes ( ) No ( )

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

\_\_\_\_\_

3. State the date your claims were presented: \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

\_\_\_\_\_

## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

STARTING Aug. 2010. When I Arrived To Contact Two B.I. I Have Received Complaints About Not Being  
In office. I was Refused To Give Out my name. In Later Being Around Nov 2010  
I have Being called out my name By officer Anderson In Jerson Kimbel making Sexual Acts  
TOWARDS me. In I've spoken with The Jail Division About These Acts Also Captain come  
who have. Crused me not. In Refuse To do Anything I MAY REAL I WAS Threaten By  
him. I Reported All To The commissar offices. Also I WAS Force To Deal with A Rush  
Ach for About 2 months Also. When TRYING To get further Treatment I WAS Denied  
With Dec 29 2010 The nurse Denied To see me In Threaten To waste me up  
I WAS Force To TAKE A Harder Shot Without A Doctors order Also. The staff has  
Became very judgement In my sexual pictures. I feel me me know  
To be heard By Warden of The Facility Capt John D. Dyer. To do Anything  
for me. These Are ongoing things

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

The officer Be Not Allowed To do Any Correctional duties In Miss Dept. Corrections  
Provide me monetary damages for the cruel usual punishment I went thru.  
Also The medical Dept. In Nurse provide me monetary damages for my  
suffering Punitive damages, Comforted, damages, In Better Physical Treatment  
In Further

Signed this 8 day of JANUARY, 20 13

TORRY C. Smith #136527

Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

1-8-2013  
(Date)

TORRY C. Smith #136527  
Signature of plaintiff